

DIVISION OF CHILD CARE AND EARLY LEARNING CHILDCARE INJURY/INCIDENT REPORT

PROVIDER NAME(S)						
NAME OF CHILD				DATE OF INCIDENT	TIME OF INCIDENT	
DESCRIBE CIRCUMSTANCES OF INJURY/II	ICIDENT					<u>PM</u>
LOCATION OF INJURY/INCIDENT						
PLAY EQUIPMENT OR OTHER ITEMS INVO	LVED					
FIRST AID GIVEN			OTHER TREATM	ENT GIVEN		
Were there witnesses? Was physician contacted?	YES NO	If yes, give name: If yes, give name: AND time of contact:				
Was parent contacted?		If yes, give time:				
Was licensor contacted?		If yes, give time:				
Any other contacts?		If yes, give name: AND time of contact:				
Mark and describe area of in	jury:					
PARENT/GUARDIAN COMMENTS						
PARENT/GUARDIAN SIGNATURE		DATE	PROVIDER SIGN	ATURE	DATE	